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| --- | --- | --- | --- |
| **Name:** |  | | |
| Title of activity: |  | **Date:** |  |

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| --- |
| Please comment on the impact this activity has had on your child: |
|  |

|  |
| --- |
| If you have been directly involved in this activity please comment on the impact this activity has had on you: |
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|  |
| --- |
| Any other comments? |
|  |

Thank you for your time and comments.



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| --- | --- | --- | --- |
| **Name:** |  | | |
| Title of activity: |  | **Date:** |  |

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| --- |
| What have you enjoyed most about this activity? What did you like best? |
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| --- |
| What new ideas or information have you learned from this activity? |
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| --- |
| What have you least enjoyed or found some difficulty with? |
|  |

Thank you for your time and comments.



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| --- | --- | --- | --- |
| **Name:** |  | | |
| Title of activity: |  | **Date:** |  |

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| --- |
| Please comment on the impact this activity has had on the students involved: |
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| --- |
| Please comment on the impact this activity has had on you and any other staff involved: |
|  |

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| --- |
| Please make any suggestions for improvement (e.g. What was the most effective part of this activity for you and why? What was the least effective and why?) |
|  |

Thank you for your time and comments.



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| --- | --- | --- | --- |
| **Name:** |  | | |
| Title of activity: |  | **Date:** |  |

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| --- |
| Please comment on the impact this activity has had on the students involved: |
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| --- |
| Please comment on the impact this activity has had on yourself: |
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|  |
| --- |
| Any other comments? |
|  |

Thank you for your time and comments.